

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number 09/801106		Filing Date		
Applicant(s)												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
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Total Indep	4		5				Total Indep					
Total Depend	13		10				Total Depend					
Total Claims	17		15				Total Claims					

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